

**AMHERST HEALTH DEPARTMENT  
BANGS COMMUNITY CENTER, 2<sup>ND</sup> FLOOR  
70 BOLTWOOD WALK  
AMHERST, MA 01002**

Phone 413 256 4033

FAX 413 256 4053

**FOOD ESTABLISHMENT APPLICATION**

DATE \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Mailing Address ( if different ) \_\_\_\_\_

Owner \_\_\_\_\_ Owner's Phone \_\_\_\_\_

Address of Owner \_\_\_\_\_

Name & Title of Applicant ( if different from  
Owner) \_\_\_\_\_

If corporation or partnership, give name , title & home address of officers or partners.

<u>Name</u>	<u>Title</u>	<u>Home Address</u>	<u>Home Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____

State of Incorporation _____	Name & Address of Local Agent _____
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Emergency Response Person: Name \_\_\_\_\_ Home  
phone \_\_\_\_\_

<u>Type of Establishment</u>	<u>Fee</u>	<u>Duration of Permit</u>	<u>Amount to be Paid</u>
Bakery	125.00	<input type="checkbox"/> Annual	_____
Catering	125.00		_____
Food Establishment	275.00	<input type="checkbox"/> Temporary	_____
Frozen Dessert	50.00		_____
Mobil Food*	100.00		_____
Retail	175.00		_____
Special Events	40.00/30.00 non-profit		_____
Food Service Plan Review	150.00		_____
Supermarket	750.00		_____
		Total	_____

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**ADDITIONAL INFORMATION**

Water Source ☐ Town ☐ Well Sewage Disposal ☐ Town ☐ Private Grease Trap ☐ Yes ☐ No

Days & Hours of Operation \_\_\_\_\_ Number of Seats \_\_\_\_\_

Food Being Served: \_\_\_\_\_

Persons Trained in Anti-Choking Procedures ( if 25 seats or more ) . ☐ Yes ☐ No How Many? \_\_\_\_\_

**\*\*\*\*\*Must Submit Copies Of Anti-Choking Certifications For Each Individual\*\*\*\*\***

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**\*MOBILE FOOD UNITS OR PUSHCARTS**

☐ COPY OF PEDDLAR'S LICENSE ☐ LIST OF HAND WASHING AND TOILET FACILITIES

Submitted Applications to: ☐ Board of Selectman ☐ Fire ☐ Police

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**TEMPORARY PERMIT**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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√Signature of Applicant

Social Security Number or Federal Identification Number

**PAYMENT IS DUE WITH APPLICATION**

Pursuant to M.G.L. CH. 62C Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all State Taxes required under law.

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√Signature of Individual or Corporate Name

By

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Corporate Officer (if applicable)

I have submitted plans/applications to the following: (please note date of submittal on applicable line.)

_____	Board of Selectmen	_____	Plumbing
_____	Zoning	_____	Electric
_____	Planning	_____	Police
_____	Building	_____	Fire
_____	Other _____	_____	Conservation

Meals to be served:

_____	Breakfast	No. of Seats: _____
_____	Lunch	No. of Staff: _____
_____	Dinner	(Maximum per shift)
		Square Feet: _____

Please enclose the following documents:

_____	Proposed Menu
_____	Specification sheets for each piece of equipment
_____	Site plan showing location of business in building, location of building on site. including alleys and streets, location of any outside facility (dumpsters walk-ins)
_____	Plan drawn to scale of facility, showing location of equipment, plumbing and electrical

Please make certain the following information is available on the plans or attached on the additional documents:

- If Restaurants: Number of Employees \_\_\_\_\_
- Details of lighting - location, type, and type of shielding or protection.
- Details of ventilation - mechanical or natural, CFM.
- Location and size of all grease traps/Plan for frequency of cleaning.
- Location of employees, handicapped and/or patron restroom including lavatories, water closet and urinals.
- Location of employees' dressing rooms and/or lockers.
- Note that ceiling walls and floors must be suitable finished to facilitate cleaning. All stud, joists, and rafters shall not be left exposed. Utility service lines and pipes must be unnecessarily exposed.
- Details of special operations such as salad bars, bulk foods and vacuum packing.

**A. Finished Schedule**

**Applicant fill in materials** ( i.e. quarry tile, Stainless Steel, 4” plastic covering molding, etc.)

	<u>Floor</u>	<u>Covering</u>	<u>Walls</u>	<u>Ceiling</u>
<u>Kitchen</u>	_____	_____	_____	_____
<u>Warewashing</u>	_____	_____	_____	_____
<u>Food Storage</u>	_____	_____	_____	_____
<u>Other storage</u>	_____	_____	_____	_____
<u>Bathrooms</u>	_____	_____	_____	_____
<u>Dressing Rooms</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**B. Insect and Rodent Harborage**

*Applicant: Please check appropriate boxes.*

	<b><i>Yes</i></b>	<b><i>No</i></b>	<b><i>N/A</i></b>
1. Are all outside doors self – closing with rodent proof flashing?	[ ]	[ ]	[ ]
2. Are screen doors provided on outside doors for use in summer?	[ ]	[ ]	[ ]
3. Do all operable windows have a minimum #16 mesh screening?	[ ]	[ ]	[ ]
4. Are all pipes, electrical conduit chases, ventilation systems exhaust and intakes sealed?	[ ]	[ ]	[ ]
5. Is area around building clear of unnecessary brush, litter, boxes or other harborage?	[ ]	[ ]	[ ]
6. Are air curtains used?	[ ]	[ ]	[ ]

*If “Yes” Where* \_\_\_\_\_

**C. Garbage and Refuse****YES NO NA****Recycling Plan**

[ ] [ ] [ ]

**Inside**

7. Do all containers have lids? [ ] [ ] [ ]
8. Will refuse be stored inside?  
If so, where? \_\_\_\_\_ [ ] [ ] [ ]
9. Is there a can cleaning sink or area? [ ] [ ] [ ]

**Outside**

10. Will a dumpster be used? [ ] [ ] [ ]  
Number \_\_\_\_\_ Size \_\_\_\_\_  
Frequency of pick up \_\_\_\_\_  
Contractor \_\_\_\_\_
11. Will a compactor be used ? [ ] [ ] [ ]  
Number \_\_\_\_\_ Size \_\_\_\_\_  
Frequency of pick up \_\_\_\_\_  
Contractor \_\_\_\_\_
12. Will cans be stored outside? [ ] [ ] [ ]
13. Describe surface dumpster /compactor/and cans  
to be stored \_\_\_\_\_ [ ] [ ] [ ]

**D. Plumbing**

Please describe back - siphonage protection of the following:

	<b><u>AIR GAP</u></b>	<b><u>AIR BREAK</u></b>	<b><u>CHECK VALVE</u></b>	<b><u>“P” TRAP</u></b>	<b><u>VACUUM BREAKER</u></b>
14. Water closets	[ ]	[ ]	[ ]	[ ]	[ ]
15. Urinals	[ ]	[ ]	[ ]	[ ]	[ ]
16. Dishwasher	[ ]	[ ]	[ ]	[ ]	[ ]
17. Garbage grinder	[ ]	[ ]	[ ]	[ ]	[ ]
18. Ice machines	[ ]	[ ]	[ ]	[ ]	[ ]
19. Ice storage bin	[ ]	[ ]	[ ]	[ ]	[ ]
20. Sinks	[ ]	[ ]	[ ]	[ ]	[ ]
21. Steam tables	[ ]	[ ]	[ ]	[ ]	[ ]
22. Dipper wells	[ ]	[ ]	[ ]	[ ]	[ ]
23. Refrigerator	[ ]	[ ]	[ ]	[ ]	[ ]
24. Hose connector	[ ]	[ ]	[ ]	[ ]	[ ]
25. Potato peeler	[ ]	[ ]	[ ]	[ ]	[ ]

Soap dispensers (wall mounted, individual free standing pump dispensers, and numbers. \_\_\_\_\_)

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27. Hand drying facilities (paper towels, air blower, etc.) \_\_\_\_\_

28. (A) Describe waste receptacles in each restroom: \_\_\_\_\_

(B) Bathroom door (s) must be solid core with closure (s) \_\_\_\_\_

**E. Water Supply** Is water supply public ☐ or private ☐ ?

29. If private, has source been approved?

YES ☐ NO ☐ PENDING ☐

Please attach copy of written approval.

30. Is ice made on premises ☐ or purchased commercially ☐ ?

If on premises, are specifications of machine enclosed?

YES ☐ NO ☐

Describe provision for ice scoop storage: \_\_\_\_\_

**F. Sewage Disposal**

31. Is building connected to municipal sewer? YES ☐ NO ☐

32. If no, has private disposal system been approved? YES ☐ NO ☐

Please attach copy of written approval. PENDING ☐

**G. Dressing Rooms**

33. Are separate dressing rooms provided? YES ☐ NO ☐

34. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrella, etc.) \_\_\_\_\_

**H. General**

35. Describe facilities for separation of storage of insecticides/rodenticides and detergents/sanitizes/cleaning agents/caustics/polishes and first - aid supplies/ personal medications. \_\_\_\_\_

36. Is laundry facility located on premises? YES ☐ NO ☐

If yes, what will be laundered? \_\_\_\_\_

Is location physically separated from food preparation areas and warewashing?

YES ☐ NO ☐

37. Location of clean linen storage: \_\_\_\_\_

38. Location of dirty linen storage: \_\_\_\_\_

**Exhaust Hoods**

**Fire Protection**

Hood Locations	Odor Supp. Dvce/ Filters	Sq. Ft.	(Previous Engineered Fixed) (Extinguishing System )	Air Capacity CFM
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**I. Sinks**

39. Is a separate mop sink present?    YES    ☐    NO    ☐

If no, please describe facility for cleaning of mops and other equipment: \_\_\_\_\_

40. Is a separate food preparation sink present?                      YES    ☐                      NO            ☐

41. Is a separate hand washing sink present in the food preparation area?                      YES            ☐                      NO            ☐

**J. Dish washing Facilities**

42. Will sinks or a dishwasher be used for warewashing?

**43. Dishwasher**

Type of sanitation used?

Hot Water (Temp. provided) \_\_\_\_\_

Booster heater \_\_\_\_\_

Chemical type- \_\_\_\_\_

**44. Sinks**

Dose the largest pot and pan fit into each compartment?

Yes    ☐                      No    ☐

45. Are there drain boards on both ends

Yes    ☐                      No    ☐

46. What type of sanitizes is used?

Chlorine    \_\_\_\_\_

Iodine    \_\_\_\_\_

Quaternary Ammonium    \_\_\_\_\_

Hot water    \_\_\_\_\_

*(Please make certain the corresponding test kits are available at the preopening inspection.)*

**Statement:** I certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the office may nullify this approval.

Date \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_  
Owner(s) or responsible representative(s)

Approval of these plans and specifications by this Health Department Does Not indicate compliance with any other code, law, or regulations that may be required – Federal, State, or Local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.



## REVIEWER'S CHECK LIST

	<u>Sat.</u>	<u>UnSat.</u>	<u>N/A</u>	<u>Insuff/info</u>
<b>1. Finish Schedule</b>	[ ]	[ ]	[ ]	[ ]
<b>Kitchen</b>	[ ]	[ ]	[ ]	[ ]
<b>Warewashing</b>	[ ]	[ ]	[ ]	[ ]
<b>Food Storage</b>	[ ]	[ ]	[ ]	[ ]
<b>Other Storage</b>	[ ]	[ ]	[ ]	[ ]
<b>Bathrooms</b>	[ ]	[ ]	[ ]	[ ]
<b>Dressing Rooms</b>	[ ]	[ ]	[ ]	[ ]
<b>2. Insect and Rodent Harborage</b>	[ ]	[ ]	[ ]	[ ]
<b>3. Garbage and Refuse</b>	[ ]	[ ]	[ ]	[ ]
<b>4. Plumbing</b>	[ ]	[ ]	[ ]	[ ]
<b>5. Water Supply</b>	[ ]	[ ]	[ ]	[ ]
<b>6. Sewage Disposal</b>	[ ]	[ ]	[ ]	[ ]
<b>7. Dressing Rooms</b>	[ ]	[ ]	[ ]	[ ]
<b>8. Separate storage of toxics</b>	[ ]	[ ]	[ ]	[ ]
<b>9. Laundry Facilities</b>	[ ]	[ ]	[ ]	[ ]
<b>10. Linen Storage</b>	[ ]	[ ]	[ ]	[ ]
<b>11. Exhaust Hoods</b>	[ ]	[ ]	[ ]	[ ]
<b>12. Sinks</b>	[ ]	[ ]	[ ]	[ ]
<b>13. Dish washing</b>	[ ]	[ ]	[ ]	[ ]
<b>14. Lighting</b>	[ ]	[ ]	[ ]	[ ]
<b>15. Ventilation</b>	[ ]	[ ]	[ ]	[ ]
<b>16. Grease Traps</b>	[ ]	[ ]	[ ]	[ ]
<b>17. Employee Restroom</b>	[ ]	[ ]	[ ]	[ ]
<b>Location</b>	[ ]	[ ]	[ ]	[ ]
<b>Number</b> _____	[ ]	[ ]	[ ]	[ ]
<b>Soap</b>	[ ]	[ ]	[ ]	[ ]
<b>Hand Drying</b>	[ ]	[ ]	[ ]	[ ]
<b>Lavatories</b>	[ ]	[ ]	[ ]	[ ]
<b>Water Closets</b>	[ ]	[ ]	[ ]	[ ]
<b>Urinals</b>	[ ]	[ ]	[ ]	[ ]
<b>Waste Receptacles</b>	[ ]	[ ]	[ ]	[ ]
<b>18. Patrons Rest rooms</b>	[ ]	[ ]	[ ]	[ ]
<b>Location</b>	[ ]	[ ]	[ ]	[ ]
<b>Number</b> _____	[ ]	[ ]	[ ]	[ ]
<b>Soap</b>	[ ]	[ ]	[ ]	[ ]
<b>Hand Drying</b>	[ ]	[ ]	[ ]	[ ]
<b>Hand Washing Signs</b>	[ ]	[ ]	[ ]	[ ]
<b>Lavatories</b>	[ ]	[ ]	[ ]	[ ]
<b>Water Closets</b>	[ ]	[ ]	[ ]	[ ]
<b>Urinals</b>	[ ]	[ ]	[ ]	[ ]
<b>Waste Receptacles</b>	[ ]	[ ]	[ ]	[ ]

## 19. Kitchen Equipment

	<u>Sat.</u>	<u>UnSat.</u>	<u>N/A</u>	<u>Insuff/info</u>
	[ ]	[ ]	[ ]	[ ]
A. Space between units or wall closed or adequate space for easy cleaning	[ ]	[ ]	[ ]	[ ]
B. Aisles sufficient width	[ ]	[ ]	[ ]	[ ]
C. Storage 6" off floor	[ ]	[ ]	[ ]	[ ]
D. Countertops and cutting boards of suitable materials	[ ]	[ ]	[ ]	[ ]
E. Self serve food area adequately protected	[ ]	[ ]	[ ]	[ ]
F. Built-in external temperature gauges or provision for separate internal thermometers noted for each piece of refrigerated equipment.	[ ]	[ ]	[ ]	[ ]
G. Thermometers for hot food (s)	[ ]	[ ]	[ ]	[ ]
H. Utensils and kitchen Storage	[ ]	[ ]	[ ]	[ ]
Cleaned	[ ]	[ ]	[ ]	[ ]
Soiled	[ ]	[ ]	[ ]	[ ]
I. Counter mounted equipment	[ ]	[ ]	[ ]	[ ]
J. Floor mounted equipment	[ ]	[ ]	[ ]	[ ]
k. Vacuum packaging equipment	[ ]	[ ]	[ ]	[ ]
L. Bulk Food	[ ]	[ ]	[ ]	[ ]
M. Self Service	[ ]	[ ]	[ ]	[ ]
Salad	[ ]	[ ]	[ ]	[ ]
Hot/Cold Buffet	[ ]	[ ]	[ ]	[ ]

Comments: ( note why any item was noted “Unsatisfactory”)

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Reviewer Signature

Date

Reviewer Title

Approval

Date

Disapproval

Date

Reason (s) for Disapproval

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Dates of Operation if not Annual